

Drs Edwards, Green and Broadbelt - Vittoria Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Drs Edwards, Green and Broadbelt on the 12th November 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Clinical staff regularly reviewed significant events although there was no formal system to share learning amongst the whole staff team to identify and learn from events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Staff were aware of procedures for safeguarding patients from risk of abuse.
- Some of the staff files lacked evidence of necessary checks such as: no photographic identification, checks with the professional registered body, medical review and no evidence of a Disclosure and Barring Services (DBS) check. (These checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- The practice was clean and tidy. The practice had good facilities in a purpose built building with access for patients with disabilities.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments. Services were planned and delivered to take into account the needs of different patient groups.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- Patients spoke highly about the practice and the whole staff team. Feedback from patients about their care was consistent and strongly positive.

Summary of findings

- The practice sought patient views about improvements that could be made to the service, including through the Patient Participation Group (PPG).
- Information about services and how to complain was available in a formal format however there was no adapted format to help some patients to better understand the complaints policy. The practice proactively sought feedback from staff and patients, which it acted upon.
- There was a clear leadership structure with delegated duties distributed amongst the team and staff felt supported by management. The staff worked well together as a team.
- There were systems in place to monitor and improve quality and identify risk.

We saw areas of outstanding practice including:

- The practice staff organised a number of community initiatives. Previously they had held an awareness day for carers and some patients received assistance to help them access respite and in raising awareness for supportive organisations such as MIND and the Alzheimer's Society. They had also raised funds to provide a Jubilee party for patients within the community who were over 65 years and over 70 patients attended. The GPs had subsidised the party and meal.

There were areas of practice where the provider must make improvements.

- Take action to ensure its recruitment policy and procedures are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
Health and Social Care Act 2008 Fit and Proper Person Employed. (Regulated Activities) 2014 Regulations 19 1)2)4)5).

However there were areas of practice where the provider should make improvements:

- To share all serious incidents of risk and complaints with all staff to help improve shared learning within the practice.
- The systems in place for monitoring equipment and medicines should be improved to ensure continuous safety checks.

Letter from the Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. The practice did not have an annual review of events but they did discuss them at regular clinical meetings but acknowledged they had not always been shared practice wide amongst the whole team. There were appropriate systems in place to protect patients from the risks associated with medication and infection control. The practice had designated staff to check facilities and equipment were safe. However there was no record of checks in place for oxygen cylinders and the defibrillator and there were gaps in the records of temperatures taken for the refrigerators and adhoc checks on emergency drugs. Improvements were needed to the records of staff recruitment. There were sufficient numbers of staff.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for caring. Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities and translation services. Patients were positive about accessing appointments and data was comparable and aligned with how the

Good



Summary of findings

appointments were managed. Information about how to complain was available in a formal format with no adapted versions. There had been no recorded formal complaints although staff had received verbal complaints.

Are services well-led?

The practice is rated as good for being well led. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice had identified a need for their governance systems to be formalised to help develop the practice staff roles and to help improve lines of communication within the staff team. The practice proactively sought feedback from staff and patients, which it acted on and had an active PPG. Staff had received inductions. Performance reviews had not always been carried out annually but had started to be provided more regularly for all staff members.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. They kept up to date registers of patients' health conditions. Home visits were made to housebound patients to carry out reviews of their health. All patients over 75 had a named accountable GP to help promote continuity of their care. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified older patients who were at risk of unplanned hospital admissions and developed care plans to support them and those patients with dementia. Care plans were in place for those patients residing in a care home

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions, treatment and screening programmes. Home visits were undertaken to housebound patients. The practice staff met with multi-disciplinary professionals on a monthly basis to provide support and access specialist help when needed. The practice had an in-house phlebotomy clinic and an anti-coagulation clinic.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Staff were knowledgeable about child protection and a GP took the lead for safeguarding. Staff put alerts onto a patient's electronic record when safeguarding concerns were raised. The practice offered sexual health including chlamydia screening. Immunisation rates were comparable with local CCG benchmarking for all standard childhood immunisations. Urgent access appointments were available for children. A weekly midwife clinic was available.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered telephone appointments, an onsite phlebotomy service referral to smoking cessation services and a minor surgery facility. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group including: on-line prescription ordering, electronic prescribing, appointment bookings and on-line summary patient records. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, they had 48 patients identified with a learning disability and they offered annual health checks to these patients enable appropriate support to be provided. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures and had received training in this. The practice had 83 patients registered as carers and offered referrals to local carer's centres.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). GPs worked with specialist services to review care and to ensure patients received the support they needed. The practice maintained a register of patients with mental health problems including patients with dementia in order to regularly review their needs and provide care plans. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, a health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 461 survey forms distributed for Drs Edwards, Green and Broadbelt, Vittoria Medical Centre and 109 forms were returned which represents 1% of the practice population. The practice scored higher than average in all aspects of the survey including patients being treated with care and concern by their GP, getting to speak to their preferred GP, their overall experience at the practice and in making appointments. For example:

- 92.4% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 89.9% and the National average of 86.6%.
- 98.7% had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 96.2% and the National average of 95.2%.
- 83.9% of respondents who had a preferred GP usually get to see or speak to that GP compared to the CCG average of 63% and the National average of 60.0%.

- 90.8% of respondents find the receptionists at this surgery helpful compared with the CCG average of 90.3% and the National average of 86.8%.
- 93.8% describe their overall experience of this surgery as good compared to the CCG average of 89.7% and the National average of 84.8%.
- 86.7% describe their experience of making an appointment as good compared to the CCG average of 78.3% and the National average of 73.3%.
- 90.9% would recommend this surgery to someone new to the area compared to the CCG average of 83% and the National average of 77.5%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection. We received 31 comment cards and spoke with two members of the PPG. All patients indicated that they found the staff helpful, caring and polite and they described their care as very good. Patients told us that they were happy with the standard of care provided to them.

Areas for improvement

Action the service **MUST** take to improve

Take action to ensure its recruitment policy and procedures are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held. **Health and Social Care Act 2008 Fit and Proper Person Employed. (Regulated Activities) 2014 Regulations 19 1)2)4)5).**

Action the service **SHOULD** take to improve

- To share all serious incidents of risk and complaints with all staff to help improve shared learning within the practice.
- The systems in place for monitoring equipment and medicines should be improved to ensure continuous safety checks.

Outstanding practice

- The practice staff organised a number of community initiatives. Previously they had held an awareness day for carers and some patients received assistance to help them access respite and in raising awareness for supportive organisations such as MIND and the

Alzheimer's Society. They had also raised funds to provide a Jubilee party for patients within the community who were over 65 years and over 70 patients attended. The GPs had subsidised the party and meal.

Drs Edwards, Green and Broadbelt - Vittoria Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Drs Edwards, Green and Broadbelt - Vittoria Medical Centre

Drs Edwards, Green and Broadbelt's practice is based in a purpose built building in a residential area of Birkenhead close to local amenities. The practice is located in a more deprived area when compared to other practices nationally. The building is also occupied by another GP practice. There were 4946 patients on the practice list at the time of inspection. The practice has three partners, two female and one male GP and one female salaried GP, two practice nurses, a practice manager, reception and administration staff. The practice is still registered in the name of one of the previous partners who had left 12 months ago and the practice confirmed that they would apply to update their registration with CQC.

The practice is open Monday to Friday from 8am to 6.30pm. Patients requiring a GP outside of normal working hours are advised to contact the surgery to be redirected to NHS 111 who triage all out of hours calls for the practice..

The practice has a General Medical Services (GMS) contract. In addition the practice carried out a variety of enhanced services such as avoiding unplanned admissions to hospital and learning disability health checks.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 12th November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff, the GPs, practice nurse, the practice manager, administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with patients.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?

- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record

Wirral Clinical Commissioning Group (CCG) reported no concerns to CQC about the safety of the service. The practice used a range of information to identify risks and improve patient safety. There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff. They did not have an annual review meeting to look at any themes regarding significant events. The GPs met regularly and discussed events but there was limited evidence of learning disseminated and shared with all staff within the practice. Some of the staff team that we spoke with were not aware of some of the recent significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents.

Overview of safety systems and processes

The practice could demonstrate some aspects of safe management of risks including infection control, medicines management and staffing, however there were gaps within health and safety and recruitment checks that needed improvements.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation, and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Staff demonstrated they understood their responsibilities and staff had received training relevant to their role.
- A notice was displayed advising patients that staff would act as chaperones, if required.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was maintained and in good working order.

- We looked at a sample of treatment and consultation rooms and the waiting areas. Appropriate standards of cleanliness and hygiene were followed. Comments we received from patients indicated that they found the practice to be clean. The practice had an infection control lead. There was an infection control protocol in place and staff had received up to date training. The practice reviewed infection control audits and acted on any issues where appropriate the latest infection control audit scored highly with 95%.
- The arrangements for managing emergency drugs, oxygen, the defibrillator and vaccinations needed further review and improvements to help improve the recordings of safety checks. We looked at a sample of vaccinations and found them to be in date. However we noted gaps over the last few months in the checks of refrigerator temperatures in which the vaccinations were stored. We noted there were no recorded checks on the oxygen cylinder or defibrillator (used to attempt to restart a person's heart in an emergency.) Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing and storage of prescriptions.
- Recruitment checks were carried out and the staff files we sampled showed that most recruitment checks had been undertaken prior to employment. However some staff files had some recorded checks missing such as no photographic identification, no professional checks with the staff member's professional registered body, no medical review and no evidence of a DBS check. The practice manager acknowledged this and advised they would ensure the correct records were put in place.
- The practice staff showed us records to demonstrate that arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment

Are services safe?

room. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use however regular audits had not consistently taken place.

- The practice had a detailed business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE (The National Institute for Health and Care Excellence) guidelines and had systems in place for staff to access to ensure all clinical staff were kept up to date. Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care registers.

The practice reviewed unplanned admissions of patients identified at risk of hospital admission. This work helped reduce the pressure on A&E departments by treating patients within the community instead of hospital. Care plans were in place for these patients.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Palliative care patients were supported by the practice to choose where they wanted to be cared for including their wishes if needing support to be cared for in their own home.

Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. Home visits were undertaken to housebound patients.

Patient comments were very positive about the support and advice given to them when attending the anti-coagulation clinic and the fact they had access to the clinic at the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. QOF results from 2014-2015 showed the results being 97.1% of the total number of points available with an exception score of 7.8%. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. QOF information showed the practice was meeting its targets for health promotion and ill health prevention initiatives.

- Performance for diabetes related indicators was higher than the national averages. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation; The Practice rate was 99.56% and the National rate was 93.46%.
- Performance for mental health related assessment and care was higher than the national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months; The Practice rate was 93.33% and the National rate was 83.82%.

All GPs had access to a variety of clinical audits including those carried out by the CCG pharmaceutical advisor. Each year the practice carried out a minor surgery audit to

Are services effective?

(for example, treatment is effective)

review the clinical outcomes and rates of infection. The latest audit in August 2015 identified good outcomes for patients and recorded no evidence of infection or unexpected excisions. Clinical audits which were undertaken did provide a baseline of performance. The audits however would benefit from having clearer criteria and standards. Guidance on clinical audit is available via the RCGP's website.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality although we noted one person did not have any evidence of induction in place.
- Staff had access to appropriate training to meet their learning needs and were happy with the training available. Staff had received training that included for example: safeguarding, infection control, fire procedures, basic life support and the Mental Capacity Act. Staff felt well supported and there was evidence that staff development was well managed.
- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff. Although in previous years they had not always been carried out regularly they had started to be provided on an annual basis.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients. Curtains were provided in consulting rooms and treatment room doors were closed during consultations so that patients' privacy and dignity was maintained during examinations and consultations.

From all of the patient comments received, all patients indicated that they found the staff helpful, caring and polite and they described their care as very good. Comment cards highlighted that staff responded compassionately when patients needed additional help and provided support when required. Some staff had worked at the practice for many years and knew their patients well. We spoke with two members of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The practice's computer system alerted GPs if a patient was also a carer. There was a carer's register and they had identified 83 patients who were carers. The practice provided a lot of information and sign posted carers to support contacts such as local carers groups.

The practice staff organised a number of community initiatives. Previously they had held an awareness day for carers and invited various groups to come and meet their patients during the event to help raise awareness amongst their patients and the community in regard to the support and services they could offer them. Following this event some patients received assistance to help them access respite care. The event also raised awareness about support organisations such as MIND and the Alzheimer's Society. Previously the staff had arranged various fund raising initiatives to provide a Jubilee party for patients within the community and over 70 patients attended. The GPs had subsidised the party and meal.

Results from the national GP patient survey showed patients were happy with how they were treated. Patient comments made throughout our inspection aligned with the positive results of this survey. The practice was above average for some of its satisfaction scores. For example:

- 98.7% of respondents said they had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 96.2% and a National average of 95.2%.
- 100% of respondents said they had confidence and trust in the last Nurse they saw or spoke to compared with a CCG average of 97.8% and a National average of 97.1%.
- 95.7% say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 89.5% and a National average of 85.1%.
- 92.4% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 89.9% and a National average of 86.6%.
- 90.8% find the receptionists at this surgery helpful compared with a CCG average of 90.3% and a National average of 86.8%.
- 93.8% describe their overall experience of this surgery as good compared with a CCG average of 89.7% and a National average of 84.8%.
- **Care planning and involvement in decisions about care and treatment**

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was very positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above and comparable with local and national averages. For example:

Are services caring?

- 95.7% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 91.7% and a National average of 88.6%.
- 97.5% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 86.3% and a National average of 81.4%.
- 96.4% say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 90.1% and a National average of 86.0%.
- 83.9% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a National average of 60.0%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing tests for patients at the practice to avoid delays in care.

The practice staff looked at various ways to develop services to meet their patients' needs. They encouraged patients with long-term conditions to be more involved in the self-management of their health, with suitable support from health care professionals. A Health Trainer attended the practice each week. They helped support patients by providing advice on their lifestyles and in sign posting patients to various services such as weight management.

There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. Records and a discussion with staff and PPG representatives showed that the practice had responded to patient feedback by making changes to the operation of the practice and facilities provided. For example they had reviewed the reception area and replaced the chairs in the waiting rooms to ones more suitable to meet the needs of patients. Representatives from the PPG told us they felt listened to and involved in the operation of the practice.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Home visits were available for elderly and housebound patients. This included home visits to undertake long term condition reviews and vaccinations.
- The practice had strategies in place to identify long term conditions early and therefore improve patient care.
- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities with electronic opening entrance doors and car parking designated spaces.
- Translation services were available and two staff were multilingual.

- The practice had various notice boards including for example carer's information, PPG updates, health promotion material and sign posting contact details for support organisations.

Access to the service

The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. The appointment system was responsive to their patient's needs. Patients told us that they were able to get appointments when they needed them and were happy with the services received from their practice.

Results from the national GP patient survey published July 2015 (based on data from July 2014 – March 2015) showed patient's satisfaction. For example:

- 79.2% find it easy to get through to this surgery by phone compared to the CCG average of 77.8% and National average of 73.3%.
- 91.8% say the last appointment they got was convenient compared to the CCG average of 95% and National average of 91.8%.
- 86.7% describe their experience of making an appointment as good compared to the CCG average of 78.3% and National average of 73.3%.
- 63.5% feel they don't normally have to wait too long to be seen compared to the CCG average of 60.9% and National average of 57.7%.
- 79.3% say the GP surgery currently opens at times that are convenient compared to the CCG average of 80.9% and National average of 73.8%.

During our inspection, positive comments were made by patients and representatives of the PPG about improvements in accessing appointments and in getting through to the practice staff.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in reception.

Are services responsive to people's needs? (for example, to feedback?)

There had been no formal written complaints over the last 12 months although the practice staff had started to capture verbal complaints which should help to review any patterns or trends with patients' views.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had documented their values, aims and objectives within their statement of purpose.

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Patients gave positive comments that aligned with some of the statements particularly with regards to being provided with a good service from a caring team that had good values.

Governance arrangements

There was a clinical governance policy in place. Staff told us they felt well supported by management and confident that they could raise any concerns. Policies were updated and accessible to everyone. Staff we spoke with were aware of how to access the policies and any relevant guidance to their role.

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- The practice had a system of reporting incidents without fear of recrimination, although the staff acknowledged further improvements were needed with sharing information about lessons learnt practice wide.
- Practice policies were implemented and were available to all staff.
- A system of continuous clinical audit cycles which demonstrated an improvement to patients' welfare.
- Practice staff had already identified the need to develop and improve communication within the team and had started to organise regular team meetings.
- Proactively engaging patients in the delivery of the service.
- The GPs and all other clinicians were supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The practice manager had started to organise regular appraisals for all other staff.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held with plans to improve and develop communications within the staff teams. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and they all felt respected and listened to. The clinical staff met every week to discuss clinical issues.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys. There was an active PPG which met regularly throughout the year and engaged with the practice staff to raise proposals for improvements to the practice. The practice had also gathered feedback from staff through regular staff meetings and informally as required. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at a sample of staff files and saw that regular appraisals had recently taken place. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The practice did not have all of the required recruitment checks in place for some staff such as DBS checks and Identification checks to help ensure necessary employment checks were in place. Health and Social Care Act 2008 Fit and Proper Person Employed. (Regulated Activities) 2014 Regulations 19 1)2)4)5).